Subject: Studies in the News: (May 15, 2008)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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CHILDREN AND ADOLESCENT MENTAL HEALTH

Early Childhood Mental Health Consultation: An Evaluation Toolkit. By Kathy S. Hepburn, Georgetown University, and others. (The University, Washington, DC) November 2007. 99 p.

["This web-based resource combines a brief review of the literature and current research addressing the effectiveness of early childhood mental health consultation with guidance for designing and implementing program evaluation. It will help states, communities, and programs increase their capacity for high-quality evaluation of early childhood mental health consultation in community-based settings.

Researchers, policy makers and program evaluation teams will find: A brief review of the evidence base, current issues, and questions; Defining characteristics of early childhood mental health consultation; Components of high quality evaluation and sample logic models; Evaluation tools to measure both process and outcome, including outcomes for children, families, staff and programs; and Guidance for using evaluation data for program improvement and communicating outcomes."]

Full text at:
http://gucchd.georgetown.edu/files/products_publications/TACenter/ecmhc_toolkit.pdf

Related article: Meeting the Health Care Needs of Children in the Foster Care System: Site Visit Report. Assessment and Consultation Team: Riverside County California. (September 11 and 12, 2000.)
Full text at: http://gucchd.georgetown.edu/files/products_publications/fcsvriverside.pdf

Related article: What is Infant Mental Health? Why is it Important? (June 2004)
Full text at:
http://www.cpeip.fsu.edu/resourceFiles/resourceFile_68.pdf?CFID=137625&CFTOKEN=23297857

State Policies Affecting the Assurance of Confidential Care for Adolescents. By Harriette B. Fox and Stephanie J. Limb, Incenter Strategies, the National Alliance to Advance Adolescent Health. Fact Sheet No. 5 (The Alliance, Washington, DC) April 2008. 9 p.

["Developing independence is one of the central tasks of adolescence. As such, adolescents should be assured confidentiality in their interactions with health care professionals. Time alone with providers not only facilitates open communication but also encourages adolescents to assume more personal responsibility for their own health care. Yet, not all adolescents need or want confidential access to health care services. They may be comfortable with their parents knowing that they are receiving health care services or even willing to involve their parents in obtaining care. But for some adolescents, seeking parental consent is difficult, and, in some cases, impossible because of family dysfunction or the adolescents' fear of embarrassment, disapproval, or even punishment. For these adolescents, a guarantee of confidentiality can be the deciding factor in whether they seek necessary health care services. This is particularly true for services generally considered to be sensitive -- family planning, sexually transmitted disease (STD) screening and treatment, mental health treatment, and substance abuse treatment."]

Full text at: http://www.incenterstrategies.org/jan07/factsheet5.pdf

Related article: Hogg Foundation for Mental Health: Services, Research, Policy, and Education: Information Sharing and Confidentiality. (2006)
Full text at: http://www.hogg.utexas.edu/programs_InfoShare.html

Related article: Confidentiality with Minors: Mental Health Counselors Attitudes toward Breaching or Preserving Confidentiality. (2001)
Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=5584361&site=ehost-live

DIVERSITY

One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations. By Amy Wilson-Stronks and others, the Joint Commission. (The California Endowment, Los Angeles, California) 2008. 60 p.

["A research report released by The Joint Commission, and funded by The California Endowment, urges health care organizations to assess their capacity to meet patients' unique cultural and language needs. *One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations,* is based on successful practices now being used in hospitals, and underscores the need to move away from a "one size fits all" approach that negatively affects the quality and safety of care for diverse patients. The report includes a self-assessment tool that can help health care organizations tailor their initiatives to meet the needs of diverse populations. The tool addresses the main issues found in the report and provides a framework for discussing needs, resources and goals for providing the highest quality care to every patient served."]

Full text at: http://www.calendow.org/uploadedFiles/HLC_One_Size_PrePub.pdf

Related article: Cultural Diversity Presents Special Challenges for Mental Health. (2007)
Full text at: http://www.paho.org/english/dd/pin/pr071010.htm

EVIDENCE-BASED PRACTICE

"Building Bridges to Evidence-Based Practice: the MacArthur Foundation Child System and Treatment Enhancement Projects (Child STEPS)." By S.K.Schoenwald, Medical University of South Carolina, and others. IN: Administration and Policy in Mental Health, vol. 35, no. 1-2 (March 2008) pp. 66-72.

["The papers in this special issue describe research undertaken by the MacArthur Foundation-funded Research Network on Youth Mental Health. The project is designed to understand the challenges of implementing evidence-based treatments in community-based mental health practices. This Introduction and the following articles describe the impetus and conceptual framework underlying one cluster of the Network's activity-i.e., the Clinic Systems Project (CSP). The CSP studies examined the organizational and service system environments in a large national sample of community health and affiliated organizations that provide services to children. The main goal is to identify leverage points for, and barriers to, the adoption and implementation of evidence-based practices for children." **NOTE: A copy of this article can be obtained from the California State Library.**]

Evidence-based psychosocial treatments for children and adolescents: A ten year update. Edited by: Wendy K. Silverman, Florida International University, and Stephen P. Hinshaw, University of California, Berkeley. [Special Issue]. IN: Journal

of Clinical Child and Adolescent Psychology, vol.37, no. 1 (January-March 2008) pp. 1-301.

["This ten-year update on evidence-based practices found a number of "well established" and "probably efficacious" treatments for many mental disorders. For example, six were "probably efficacious" for anxiety disorders, and two were "well established" for attention deficit hyperactivity disorder (ADHD), according to scientists funded by NIMH and the National Institute on Drug Abuse, divisions of the National Institutes of Health. Disorders or topics studied include: early autism; eating problems and eating disorders; depression; phobic and anxiety disorders; obsessive-compulsive disorder, disruptive behavior; ADHD; substance abuse; and trauma. Psychosocial treatments for ethnic minority youth are also considered." **NOTE: This special issue of Journal of Clinical and Adolescent Psychology may be borrowed from the California State Library**.]

"Evidence-Based Psychosocial Treatments for Ethnic Minority Youth." [Issue Theme] By Stanley J. Huey, Jr., University of Southern California, and Antonio J. Polo, DePaul University. IN: Journal of Clinical Child and Adolescent Psychology, vol. 37, no. 1(January-March 2008) pp. 262-301.

["This article reviews research on evidence-based treatments (EBTs) for ethnic minority youth using criteria from Chambless et al (1998), Chambless et al. (1996), and Chambless and Hollon (1998). Although no well-established treatments were identified, probably efficacious or possibly efficacious treatments were found for ethnic minority youth with anxiety-related problems, attention-deficit/hyperactivity disorder, depression, conduct problems, substance use problems, trauma-related syndromes, and other clinical problems. In addition, all studies met either Nathan and Gorman's (2002) Type 1 or Type 2 methodological criteria. A brief meta-analysis showed overall compared to no treatment or psychosocial placebos versus treatment as usual. Youth ethnicity (African American, Latino, (mixed/other minority), problem type, clinical severity, diagnostic status, and culture-responsive treatment status did not moderate treatment outcome. Most studies had low statistical power and poor representation of less acculturated youth. Few tests of cultural adaptation effects have been conducted in the literature and culturally validated outcome measures are mostly lacking. Recommendation for clinical practice and future research directions are provided." **NOTE: Article can be obtained from the California State Library**.]

"A Survey of the Infrastructure for Children's Mental Health Services: Implications for the Implementation of Empirically Supported Treatments." By Sonja K. Schoenwald, Medical University of South Carolina, and others. IN: Administration & Policy in Mental Health & Mental Health Services Research, vol. 35, no. 1/2 (January 2008) pp. 84-97.

["The article reports on the survey regarding the infrastructure for children's mental health services in the U. S. Information came from interviews of directors of mental health service organizations treating children examined the governance, financing, staffing, services and implementation of practices of the organizations. It adds that

descriptive analyses showed the prevalence of private organizations that finance services with public funds." **NOTE: A copy of this article can be obtained from the California State Library.**]

Related article: Evidence-Based Practices and Quality Care in New York State. (2006)
Full text at: http://www.omh.state.ny.us/omhweb/ebp/implementing.htm

MENTAL HEALTH WORKFORCE TRAINING ISSUES

Across Generations, Across Boundaries, Across the West: Fiscal Year 2007 Program Report. By the Western Interstate Commission for Higher Education (WICHE) Mental Health Program. (WICHE, Boulder, Colorado) 2007. 13 p.

["The Western Interstate Commission for Higher Education (WICHE) mental health program is a recognized leader in rural and frontier mental health, cultural competence, and telemedicine/web-based health. We collaborate with mental health administrators, educators, and practitioners to improve services, training, and research in public mental health and work with member states on various initiatives based on their needs (e.g., program evaluation, workforce development, training, technical assistance, etc). WICHE's role as a liaison between different systems demonstrates the ability to work with diverse people, organizations, and communities.

The WICHE mental health program has played a significant national role beyond the WICHE West. From its work in establishing Cultural Competence Core Competencies to Rural Mental Health Policy Research, the WICHE mental health program projects a presence across the nation. In 2002, the WICHE mental health program was selected to assist the President's New Freedom Commission on Mental Health by providing its Chief Consultant on Rural Issues to provide technical assistance to the Rural Issues Subcommittee. The program authored the Rural Issues Subcommittee Report to the President and the nation; and is playing a continuing role through its participation in the development of a National Action Plan for Rural Mental Health in collaboration with the Substance Abuse and Mental Health Administration (SAMHSA) and the Health Resources and Services Administration (HRSA)."]

Full text at: http://www.wiche.edu/mentalhealth/MHAnnualReport07.pdf

Related article: The Mental Health Workforce in Texas: A Snapshot of the Issues.
Full text at: http://www.hogg.utexas.edu/PDF/TxMHworkforce.pdf

MILITARY AND MENTAL HEALTH

"Update on Combat Psychiatry. From the Battle Front to the Home Front and Back Again." By Elspeth Cameron Ritchie, Uniformed Services University of the Health Sciences. IN: Military Medicine, vol. 172, Supplement (December 2007) pp. 11-14.

["The U.S. military has long emphasized the principles of prevention and early intervention in preparing for and treating those afflicted by the psychological wounds of war. This article opens with lessons learned by the U.S. military through wartime during the past century. Current practice in the military's employment of stress control teams is reviewed. Updates in the military efforts in Operation Iraqi Freedom and Operation Enduring Freedom to prevent and to limit psychological casualties are stressed. Misconduct has occurred in this conflict; future steps to reduce aberrant behavior by soldiers are discussed. The challenges of reintegration at home, by both healthy and wounded soldiers, are highlighted."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27964388&site=ehost-live

Related article: Army Medicine Raises Mental Health Awareness with Programs to "Get Connected". (May 1, 2008)
Full text at: http://www.armymedicine.army.mil/news/releases/20080501mhmonth.cfm

PREVENTION AND EARLY INTERVENTION

"Achieving the Promise." By DeAnn Lechtenberger, Texas Tech University, and others. IN: Teaching Exceptional Children, vol. 40, no. 4 (March/April 2008) pp. 56-64.

["The article focuses on children's mental health and the role played by schools and educators in achieving proper diagnosis and treatment for students categorized with serious emotional disturbance (SED) or emotional and behavioral disorders (EBD). It presents strategies for strengthening the skills of teachers in developing awareness of children's mental health issues. The article suggests strengthening and expanding the role of schools in the promotion and development of social and emotional well-being, expanding prevention and early intervention programs, and supporting school-based mental health resources. The Positive Behavior Supports (PBS) approach is discussed."]

Full text at:
 http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31238419&site=ehost-live

"The PATS Peer Support Program: Prevention/Early Intervention for Adolescents who have a Parent with Mental Illness." By John Hargreaves and others, Australian Youth Foundation. IN: Youth Studies Australia, vol. 27, no. 1 (March 2008) pp. 43-51.

["PATS (Paying Attention to Self) is a peer support program for adolescent children of parents with a diagnosed mental illness. The program aims to promote positive mental health, reduce the likelihood of mental health difficulties, increase young people's coping skills and empower them to meet their own and their families' needs. PATS combines peer support, group work, high levels of youth participation, a wide range of ongoing activities, and opportunities to develop useful life skills with lots of fun along the way. Central to the success of PATS is the belief that programs shaped by young people, for young people, will be attractive to young people."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31390617&site=ehost-live

Related article: Attempting to Prevent Depression in Youth: A Systematic Review of the Evidence. (May 2007)
Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=26219159&site=ehost-live

STEREOTYPES AND ATTITUDES

"Buried Prejudices: The Bigot in your Brain." By Siri Carpenter, Ph.D. IN: Scientific American, Mind & Brain (May 2008) pp. 1-5.

["**Subliminal Stereotyping**: All of us hold unconscious clichéd beliefs about social groups: black and white, female and male, elderly and young, gay and straight, fat and thin. Such implicit bias is far more prevalent than the more overt, or explicit, prejudice that we associate with, for instance, the Ku Klux Klan or the Nazis. Certain social scenarios can automatically activate implicit stereotypes and attitudes, which then can affect our perceptions, judgments and behavior, including the choice of whom to befriend, whom to hire and, in the case of doctors, what treatment to deliver. Recent research suggests we can reshape our implicit attitudes and beliefs—or at least curb their effects on our behavior."]

Full text at: http://www.sciam.com/article.cfm?id=buried-prejudice-the-bigot-in-your-brain

SUICIDE PREVENTION

"Assessing the Effects of Peer Suicide on Youth Suicide." By William Feigelman and Bernard S. Gorman, Nassau Community College. IN: Suicide and Life-Threatening Behavior, vol. 38, no. 2 (April 2008) pp. 181-194.

["Using data from all waves of the National Longitudinal Survey of Adolescent Health, we investigated the short-term and long term impact of an adolescent friend's suicide on

an adolescent's depression and suicidality. Results suggest that a friend's suicide is associated with heightened suicide thoughts and attempts and greater depression during the first year after loss. Six years later, analyses show concurrent behaviors most relevant to explain suicidality fluctuations. Findings suggest the importance of therapeutic availability, especially during the first year, for those losing a friend to suicide." **NOTE**: **Article can be obtained from the California State Library.**]

"Suicide among Adults Aged 30-49: A Psychological Autopsy Study in Hong Kong." By Paul W. C. Wong, University of Hong Kong, and others. IN: BMC Public Health, vol. 8, no. 147 (May 1, 2008) pp. 1-28.

["A surge in suicide rates in middle age people in Hong Kong and many Asian countries was recently observed. However, there is a paucity of suicide research on this subgroup of people in Asia.

The next-of-kin of 85 suicide cases and 85 community subjects aged 30-49 years were interviewed by a psychological autopsy approach. Information was triangulated by interview notes, coroner's court files, and police investigation reports.

A multiple logistic regression analysis identified the following risk factors for suicide among the middle age people in Hong Kong: the presence of at least one psychiatric disorder (OR=37.5, 95% CI 11.5-121.9, p<0.001), indebtedness (OR= 9.4, 95% CI 2.2-40.8, p<0.01), unemployment (OR=4.8, 95% CI 1.3-17.5, p<0.05), never married (OR=4.2, 95% CI 1.1-16.3, p<0.05), and lived alone (OR=3.9, 95% CI 1.2-13.4, p<0.05).

The data show that socio-economical factors had a strong impact on suicide in the target group. Further research is needed to explore any positive qualities that protect the middle-aged from suicide. The prevention of suicide in the middle-aged requires multiple strategies."]

Full text at: http://www.biomedcentral.com/content/pdf/1471-2458-8-147.pdf

"Treating Outpatient Suicidal Adolescents: Guidelines from the Empirical Literature." By Jennifer J. Muehlenkamp, University of North Dakota, and others. IN: Journal of Mental Health Counseling, vol. 30, no. 2 (April 2008) pp. 105-120.

["Mental health counselors identify treating suicidal clients as one of the most stressful aspects of their work. Treating suicidal adolescents poses a range of additional challenges. Literature on suicidal behavior continues to grow and potentially efficacious treatments are being developed, however clinicians in the field are provided few guidelines for treating suicidal clients. In this paper we provide a brief review of evidenced-based treatments with suicidal adolescents and offer guidelines for the treatment of suicidal adolescents within outpatient settings. We conclude with a brief overview of special considerations for treating adolescents who are suicidal."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31689539&site=ehost-live

Related article: **Are Mexican American Adolescents at Greater Risk for Suicidal Behaviors. (February 2007)** Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=24604227&site=ehost-live

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